##

## Student Employee Performance Review

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| --- |
| Employee Information |
| Employee Name: |       | Evaluator Name: |       |
| Department: |       | Date: |       |
| Review Period: |       to       |
|  |
| **Rating Definitions*****Outstanding*** – Performance and quality of work ***far exceeds*** the job requirements and expectations; considered exceptional among peers. (Documentation to support this superior rating is required in Comments section.)***Exceeds*** – Performance consistently meets job requirements and ***occasionally exceeds*** expectations.***Meets*** – Performance ***meets*** job requirements and expectations.***Needs Improvement*** – Performance is ***below*** job requirements and expectations. (A performance improvement plan is required.)***Unsatisfactory*** – Performance does not meet requirements in this area and is ***consistently below*** expectations. (Documentation to support this rating, and a performance improvement plan, is required.) |
| Part I - Complete for all Student Employees |
| **Categories** | **Outstanding** | **Exceeds** | **Meets** | **Needs Improvement** | **Unsatisfactory** |
|  |  |  |  |  |  |
| Attendance/Punctuality | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| *Comments:* |       |
| Communication/Listening Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |       |
| Customer Service/People Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |       |
| Dependability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |       |
| Follows Direction | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments |       |
| Initiative | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |       |
| Job Knowledge | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |       |
| Job Skill Level | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |       |
| Observes Safety Practices | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |       |
| Teamwork | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments |       |
| Work Quality | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |       |
| Work Quantity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |       |
|  |  |  |  |  |  |
| Overall Rating | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Part II – Complete for Student Employees with Supervisory Responsibilities (in addition to Part I) |
| **Categories** | **Outstanding** | **Exceeds** | **Meets** | **Needs Improvement** | **Unsatisfactory** |
|  |  |  |  |  |  |
| Accountability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| *Comments:* |       |
| Judgment/Decision Making | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |       |
| Leadership/Supervisory Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |       |
| Planning/Organizational Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |       |
| Staff Scheduling/Coordination | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments |       |
| Training/Coaching Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments: |       |
|  |  |  |  |  |  |
| Overall Rating | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Part III –Areas of Strength, Development, and Goals |
| Areas of Strength (list key contributions, achievements, strengths, and progress toward performance standards):  |
|       |
| Areas of Development (list performance areas requiring immediate correction, improvement, or potential development): |
|       |
| Goals: |
|       |
|  |
| **By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.** |
| Employee Signature | Date |
|  |  |
| Evaluator’s Signature | Date |
|  |  |
| Signature of Evaluator’s Supervisor | Date |
|  |  |